



Town of Davie
Occupational License Safety Inspection

Date _____

Permit _____

Loc ID _____

() Building () Plumbing () Mechanical () Electrical () Fire

() Fire only

(Plaza/ Building)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Business Name _____ Phone _____

Business Address _____ Bay/Suite _____

Square Footage _____

Business Owner _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

Owners Affidavit: I certify that all the foregoing information is accurate and that any work will be done with proper permitting and in compliance with applicable laws regulating construction and zoning. Failure to obtain occupational license within 30 days of final inspections or before opening the business may result in additional penalties being imposed upon the undersigned.

Print Business Owner Name

Business Owner Signature

Sworn to and subscribed before to me by _____

Who is personally known to me or produced _____

As identification, this _____ day of _____ 20____.

Notary's Signature _____

Printed Name of Notary _____